

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/125128

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		2					53						
4		2					54						
5		2					55						
6		1					56						
7		2					57						
8		2					58	1					
9		2					59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14		2					64						
15		1					65						
16		1					66						
17		2					67						
18		2					68						
19		2					69						
20		2					70						
21		2					71						
22		1					72						
23		1					73						
24	1						74						
25		2					75						
26		2					76						
27		2					77						
28		2					78						
29		1					79						
30		2					80						
31		2					81						
32		2					82						
33	1						83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.							TOTAL IND.	1					
TOTAL DEP.							TOTAL DEP.	75					
TOTAL CLAIMS							TOTAL CLAIMS	80					